

PAGE	1	OF	41
FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 18272.48		
City Washington	State DC	Zip Code 20005	Transaction ID : B629893		
Purpose of Expenditure Canvassing		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		2657107.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 5434.46		
City Washington	State DC	Zip Code 20005	Transaction ID : B629897		
Purpose of Expenditure Volunteer Recruitment		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		2657107.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23706.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 14491.90	
City Washington	State DC	Zip Code 20005	Transaction ID : B629901
Purpose of Expenditure Phone Calls	Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 21737.84	
City Washington	State DC	Zip Code 20005	Transaction ID : B629909
Purpose of Expenditure Events	Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36229.74
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination 10 / 03 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 10868.92		
City Washington	State DC	Zip Code 20005	Transaction ID : B629907		
Purpose of Expenditure Canvassing		Category/ Type 003	Date of Disbursement or Obligation 10 / 03 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		2657107.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Planned Parenthood Advocates Mar Monte 1			Date of Public Distribution/Dissemination 10 / 03 / 2016		
Mailing Address 1605 The Alameda			Amount 1496.53		
City San Jose	State CA	Zip Code 95126	Transaction ID : B629913		
Purpose of Expenditure Volunteer Recruitment		Category/ Type 001	Date of Disbursement or Obligation 10 / 03 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		2657107.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12365.45
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 598.61	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629914
Purpose of Expenditure Phone Calls	Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 2993.05	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629921
Purpose of Expenditure Canvassing	Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3591.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 6 OF 41

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 3591.67	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629922
Purpose of Expenditure Events	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1085.97	
City Denver	State CO	Zip Code 80207	Transaction ID : B629930
Purpose of Expenditure Phone Calls	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4677.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 7 OF 41

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 310.27		
City Denver	State CO	Zip Code 80207	Transaction ID : B629926		
Purpose of Expenditure Volunteer Recruitment		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 2657107.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 930.83		
City Denver	State CO	Zip Code 80207	Transaction ID : B629935		
Purpose of Expenditure Canvassing		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 2657107.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1241.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 8 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 3102.80	
City Denver	State CO	Zip Code 80207	Transaction ID : B629939
Purpose of Expenditure Events	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 131668.16	
City Washington	State DC	Zip Code 20005	Transaction ID : B629940
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	134770.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street			Amount 1875.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629949	
Purpose of Expenditure Phone Calls		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street			Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629950	
Purpose of Expenditure Canvassing		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2812.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street		Amount 2250.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629954
Purpose of Expenditure Events	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street		Amount 375.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629959
Purpose of Expenditure Consulting: strategy and messaging	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2625.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 2102.50	
City Washington	State DC	Zip Code 20005	Transaction ID : B629889
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 1770.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B629884
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3872.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Schifeling, Deirdre, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda			Amount 1496.53	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629910	
Purpose of Expenditure Volunteer Recruitment		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		630664.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300			Amount 14491.90	
City Washington	State DC	Zip Code 20005	Transaction ID : B629904	
Purpose of Expenditure Phone Calls		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		630664.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15988.43
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 10868.93	
City Washington	State DC	Zip Code 20005	Transaction ID : B629905
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 5434.47	
City Washington	State DC	Zip Code 20005	Transaction ID : B629896
Purpose of Expenditure Volunteer Recruitment	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16303.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Schifeling, Deirdre, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Itzamna Translations Company		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2016	
Mailing Address P.O. Box 1015		Amount 52.65	
City Glendale	State AZ	Zip Code 85311	Transaction ID : B629887
Purpose of Expenditure Translation services	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 930.84	
City Denver	State CO	Zip Code 80207	Transaction ID : B629934
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	983.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1085.98	
City Denver	State CO	Zip Code 80207	Transaction ID : B629931
Purpose of Expenditure Phone Calls	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 310.28	
City Denver	State CO	Zip Code 80207	Transaction ID : B629925
Purpose of Expenditure Volunteer Recruitment	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1396.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 16 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 598.61	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629917
Purpose of Expenditure Phone Calls	Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 2993.05	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629918
Purpose of Expenditure Canvassing	Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3591.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 17 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 18272.47	
City Washington	State DC	Zip Code 20005	Transaction ID : B629892
Purpose of Expenditure Canvassing	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Feingold, Russ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 135281.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mission Control LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 624 Hebron Ave #200		Amount 2844.50	
City Glastonbury	State CT	Zip Code 06033	Transaction ID : B629881
Purpose of Expenditure Canvass Lit	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Glenn, Darryl, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 20544.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21116.97
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 18 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Work for Progress Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1543 Wazee St #440		Amount 17700.00	
City Denver	State CO	Zip Code 80202	Transaction ID : B629879
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Glenn, Darryl, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 20544.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 2102.50	
City Washington	State DC	Zip Code 20005	Transaction ID : B629890
Purpose of Expenditure Canvass Lit	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19802.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 19 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 1770.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B629885
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Itzamna Translations Company		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2016	
Mailing Address P.O. Box 1015		Amount 52.65	
City Glendale	State AZ	Zip Code 85311	Transaction ID : B629886
Purpose of Expenditure Translation services	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1822.65
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 20 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 5434.46	
City Washington	State DC	Zip Code 20005	Transaction ID : B629895
Purpose of Expenditure Volunteer Recruitment	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 10868.93	
City Washington	State DC	Zip Code 20005	Transaction ID : B629906
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16303.39
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 21 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 14491.90	
City Washington	State DC	Zip Code 20005	Transaction ID : B629903
Purpose of Expenditure Phone Calls	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 1496.53	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629911
Purpose of Expenditure Volunteer Recruitment	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15988.43
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 22 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 2993.05	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629919
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 598.61	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629916
Purpose of Expenditure Phone Calls	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3591.66
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 23 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 310.28	
City Denver	State CO	Zip Code 80207	Transaction ID : B629924
Purpose of Expenditure Volunteer Recruitment	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1085.98	
City Denver	State CO	Zip Code 80207	Transaction ID : B629932
Purpose of Expenditure Phone Calls	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1396.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 24 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 930.84	
City Denver	State CO	Zip Code 80207	Transaction ID : B629933
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Action Fund Inc. 9/13/2016		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 182.94	
City New York	State NY	Zip Code 10038	Transaction ID : B629963
Purpose of Expenditure Direct voter contact-staff time	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 630664.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1113.78
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 25 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 18272.48		
City Washington	State DC	Zip Code 20005	Transaction ID : B629891		
Purpose of Expenditure Canvassing		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate Johnson, Ron, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought 135281.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Terris Barnes & Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 400 Montgomery St # 700			Amount 1875.60		
City San Francisco	State CA	Zip Code 94104	Transaction ID : B629973		
Purpose of Expenditure Canvass Lit		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate McGinty, Katie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 2315590.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20148.08
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 26 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629952
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate McGinty, Katie, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 2315590.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 131668.17	
City Washington	State DC	Zip Code 20005	Transaction ID : B629943
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate McGinty, Katie, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 2315590.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	132605.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 27 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 1875.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629945	
Purpose of Expenditure Phone Calls		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate McGinty, Katie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		2315590.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 375.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629957	
Purpose of Expenditure Consultant: strategy and messaging		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate McGinty, Katie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		2315590.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2250.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 28 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 182.94	
City New York	State NY	Zip Code 10038	Transaction ID : B629968
Purpose of Expenditure Direct voter contact-staff time	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2016	
Name of Federal Candidate Portman, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 42.92	
City New York	State NY	Zip Code 10038	Transaction ID : B629969
Purpose of Expenditure List rental for OH email	Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2016	
Name of Federal Candidate Portman, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	225.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 29 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 42.57	
City New York	State NY	Zip Code 10038	Transaction ID : B629970
Purpose of Expenditure List rental for OH email	Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2016	
Name of Federal Candidate Portman, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 37615.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B629974
Purpose of Expenditure Canvassing	Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Portman, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37657.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 30 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 37615.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B629975
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Strickland, Ted, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 873863.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Action Fund Inc. 9/13/2016		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 182.94	
City New York	State NY	Zip Code 10038	Transaction ID : B629971
Purpose of Expenditure Direct voter contact-staff time	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2016	
Name of Federal Candidate Toomey, Pat, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 2315590.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37797.94
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 31 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Terris Barnes & Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 400 Montgomery St # 700		Amount 1875.60	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B629972
Purpose of Expenditure Canvass Lit	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2016	
Name of Federal Candidate Toomey, Pat, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 2315590.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street		Amount 1875.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629947
Purpose of Expenditure Phone Calls	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Toomey, Pat, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 2315590.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3750.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Schifeling, Deirdre, ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 32 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629951
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Toomey, Pat, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 2315590.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 131668.17	
City Washington	State DC	Zip Code 20005	Transaction ID : B629942
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Toomey, Pat, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 2315590.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	132605.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 33 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street		Amount 375.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629956
Purpose of Expenditure Consultant: strategy and messaging		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016
Name of Federal Candidate Toomey, Pat, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 131668.16	
City Washington	State DC	Zip Code 20005	Transaction ID : B629941
Purpose of Expenditure Canvassing		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016
Name of Federal Candidate Trump, Donald, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	132043.16
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 34 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 930.83	
City Denver	State CO	Zip Code 80207	Transaction ID : B629937
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 310.27	
City Denver	State CO	Zip Code 80207	Transaction ID : B629928
Purpose of Expenditure Volunteer Recruitment	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1241.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 35 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1085.97	
City Denver	State CO	Zip Code 80207	Transaction ID : B629929
Purpose of Expenditure Phone Calls	Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629953
Purpose of Expenditure Canvassing	Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2023.47
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 36 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street		Amount 375.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629955
Purpose of Expenditure Consultant: strategy and messaging		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 2993.05	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629920
Purpose of Expenditure Canvassing		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3368.05
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 37 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1605 The Alameda		Amount 598.61	
City San Jose	State CA	Zip Code 95126	Transaction ID : B629915
Purpose of Expenditure Phone Calls	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 10868.92	
City Washington	State DC	Zip Code 20005	Transaction ID : B629908
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11467.53
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 38 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Work for Progress Inc 10/3/16		Date of Public Distribution/Dissemination 10 / 03 / 2016	
Mailing Address 1543 Wazee St #440		Amount 17700.00	
City Denver	State CO	Zip Code 80202	Transaction ID : B629880
Purpose of Expenditure Canvassing	Category/ Type 007	Date of Disbursement or Obligation 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 37615.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B629976
Purpose of Expenditure Canvassing	Category/ Type 003	Date of Disbursement or Obligation 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	55315.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 39 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mission Control LLC 10/3/16		Date of Public Distribution/Dissemination 10 / 03 / 2016	
Mailing Address 624 Hebron Ave #200		Amount 2844.50	
City Glastonbury	State CT	Zip Code 06033	Transaction ID : B629882
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination 10 / 03 / 2016	
Mailing Address 1514 North 2nd Street		Amount 1875.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B629883
Purpose of Expenditure Phone Calls	Category/ Type 007	Date of Disbursement or Obligation 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 2657107.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4719.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 40 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 1605 The Alameda			Amount 1496.53		
City San Jose	State CA	Zip Code 95126	Transaction ID : B629912		
Purpose of Expenditure Volunteer Recruitment		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 2657107.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 5434.46		
City Washington	State DC	Zip Code 20005	Transaction ID : B629899		
Purpose of Expenditure Volunteer Recruitment		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 2657107.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6930.99
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 41 OF 41
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 14491.90	
City Washington	State DC	Zip Code 20005	Transaction ID : B629900
Purpose of Expenditure Phone Calls	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 18272.48	
City Washington	State DC	Zip Code 20005	Transaction ID : B629894
Purpose of Expenditure Canvassing	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32764.38
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	1001248.95

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature